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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
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A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 CORPORATE BOULEVARD City or town, state or country, and ZIP + 4 LINTHICUM HEIGHTS, MD 21090	D Employer identification number 43-0691437
		E Telephone number (410) 689-3700
		G Gross receipts \$ 25,436,093
	F Name and address of principal officer MICHAEL SHEPPARD 1000 CORPORATE BOULEVARD LINTHICUM HEIGHTS, MD 21090	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AUANET.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1902
		M State of legal domicile MD

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTE STANDARDS OF UROLOGICAL EDUCATION, RESEARCH, AND THE PUBLICATION OF SCIENTIFIC LITERATURE		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	111
6 Total number of volunteers (estimate if necessary)	6	328	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,246,982	
b Net unrelated business taxable income from Form 990-T, line 34	7b	423,231	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,426,064	6,670,852
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,261,408	15,875,340
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,376,173	2,545,765
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	335,443	208,627
		25,399,088	25,300,584
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,287,747	1,069,918
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,144,687	7,762,600
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,542,334	10,861,648
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,974,768	19,694,166
	19 Revenue less expenses Subtract line 18 from line 12	2,424,320	5,606,418
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	106,022,498	106,199,108
	21 Total liabilities (Part X, line 26)	21,852,485	18,553,156
	22 Net assets or fund balances Subtract line 21 from line 20	84,170,013	87,645,952

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	***** Signature of officer		2012-05-02 Date	
	MICHAEL SHEPPARD CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ JULIA FLANNERY CPA	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00928918
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	MCGLADREY LLP 100 INTERNATIONAL DRIVE SUITE 1400 BALTIMORE, MD 21202		EIN ▶ 42-0714325
				Phone no ▶ (410) 246-9300
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO IMPROVE PRACTICE AND PATIENT CARE BY PROVIDING AFFORDABLE QUALITY UROLOGICAL EDUCATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 13,760,902 including grants of \$ 1,069,918) (Revenue \$ 16,083,967)

THE OBJECTIVE AND PURPOSE FOR WHICH THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC (AUAER) IS ORGANIZED ARE TO PROMOTE THE HIGHEST STANDARDS OF UROLOGICAL CLINICAL CARE THROUGH EDUCATION, TO ESTABLISH EVIDENCE-BASED GUIDELINES, AND TO PRESENT INVESTIGATIVE STUDIES ON CRITICAL AREAS OF RESEARCH AND PRACTICE OVER A HUNDRED DIDACTIC AND HANDS-ON LABORATORY COURSES CERTIFIED TO AWARD CONTINUING MEDICAL EDUCATION CREDITS ARE OFFERED ANNUALLY TO PHYSICIANS AND ALLIED HEALTH CARE PROVIDERS ADDITIONALLY, CERTIFIABLE EDUCATIONAL INSTRUCTION IS OFFERED THROUGH WEB RESOURCES, HOME STUDY PRODUCTS, VIDEO CONFERENCES AND THE PUBLICATION OF SCIENTIFIC ABSTRACTS ANNUALLY THE WORLD'S LARGEST SCIENTIFIC SYMPOSIUM DEDICATED TO THE FIELD OF UROLOGY PROVIDES A GATHERING OF OVER 16,000 MEDICAL PROFESSIONALS FROM AROUND THE WORLD TO DISCUSS THE LATEST TREATMENT TECHNIQUES AND RESEARCH IN THE FIELD OF UROLOGICAL MEDICINE THE JOURNAL OF UROLOGY IS A PEER-REVIEWED SCHOLARLY MONTHLY PUBLICATION THAT REACHES OVER 90% OF PRACTICING BOARD CERTIFIED DOMESTIC UROLOGISTS THE COMPLETE JOURNAL IS AN ESTABLISHED RESOURCE IN MEDICAL LIBRARIES WORLDWIDE, AND SPECIAL EDITIONS ARE AVAILABLE IN SEVERAL FOREIGN LANGUAGES THIS JOURNAL BRINGS SOLID COVERAGE OF THE CLINICALLY RELEVANT CONTENT NEEDED TO STAY AT THE FOREFRONT OF THE FIELD OF UROLOGY BY PRESENTING INVESTIGATIVE STUDIES ON CRITICAL AREAS OF RESEARCH AND PRACTICE, SURVEY ARTICLES PROVIDING SHORT CONDENSATIONS OF THE BEST AND MOST IMPORTANT UROLOGY LITERATURE WORLDWIDE, AND PRACTICE-ORIENTED REPORTS ON SIGNIFICANT CLINICAL OBSERVATIONS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)



















4e

Total program service expenses \$ 13,760,902

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	
	1a337	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	
	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	
	2a111	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bYes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b
c	Enter the aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MD
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	MARK CAMPOBELLO 1000 CORPORATE BOULEVARD LINTHICUM, MD 21090 (410) 689-3705

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSHIL S LACY MD PRESIDENT, PRESIDENT-ELECT	6 00	X		X				47,496	30,366	0
(2) DENNIS PESSIS MD PRESIDENT-ELECT, DIRECTOR	6 00	X		X				14,167	9,058	0
(3) DATTA WAGLE MD IMMEDIATE PAST PRESIDENT, PRESIDENT	6 00	X		X				23,857	15,253	0
(4) ANTON J BUESCHEN MD IMMEDIATE PAST PRESIDENT	6 00	X		X				0	0	0
(5) GOPAL H BADLANI MD SECRETARY	6 00	X		X				38,468	24,595	0
(6) RICHARD MEMO MD TREASURER	6 00	X		X				61,608	39,388	0
(7) ROBERT C FLANIGAN MD IMMEDIATE PAST SECRETARY, SECRETARY	6 00	X		X				37,100	23,719	0
(8) JOHN H LYNCH MD DIRECTOR	1 00	X						666	425	0
(9) DAVID GREEN MD DIRECTOR	1 00	X						284	181	0
(10) PRAMOD C SOGANI MD DIRECTOR	1 00	X						870	557	0
(11) STEPHEN Y NAKADA MD DIRECTOR	1 00	X						2,830	1,810	0
(12) KEVIN PRANIKOFF MD DIRECTOR	1 00	X						219	140	0
(13) J BRANTLEY THRASHER MD DIRECTOR	1 00	X						1,092	698	0
(14) DENNIS D VENABLE MD DIRECTOR	1 00	X						3,498	2,236	0
(15) JEFFREY E KAUFMAN MD DIRECTOR	1 00	X						1,583	1,012	0
(16) B THOMAS BROWN MD DIRECTOR	1 00	X						0	0	0
(17) JOHN C PRINCE MD DIRECTOR	1 00	X						1,486	950	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL T SHEPPARD EXECUTIVE DIRECTOR, CEO	23 00			X				285,694	182,657	35,322
(19) MARK P CAMPOBELLO CHIEF FINANCIAL OFFICER	24 00			X				153,252	97,981	45,204
(20) KEVIN A WOHLFORT ASSOCIATE EXECUTIVE DIR	24 00				X			149,848	95,805	53,329
(21) PETER J PLOURD ASSOCIATE EXECUTIVE DIR	24 00				X			145,862	93,256	33,594
(22) JANET V SKOREPA ASSOCIATE EXECUTIVE DIR	40 00				X			231,350	0	47,932
(23) HENRIETTA D HUBBORD DIR OF GUIDELINES	40 00					X		164,204	0	24,579
(24) PATRICIA BANKS DIR OF MARKETING & PUBLIC	24 00					X		89,694	57,345	11,747
(25) DEBORAH F POLLY DIR OF PUBLICATIONS	40 00					X		156,505	0	30,033
(26) MICHAEL A PRETL GENERAL COUNSEL	12 00					X		82,063	52,467	0
(27) SUSAN A KERNS SR MANAGER OF INFO SYSTE	24 00					X		81,386	52,034	36,104
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,775,082	781,933	317,844

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PROJECTION INC DBA PROJECTION PRESENTA 8351 BRISTOL CT STE 111 JESSUP, MD 20794	AUDIO/VISUAL SERVICES	857,046
ELSEVIER INC 1600 JOHN F KENNEDY BLVD 1800 PHILADELPHIA, PA 19103	PUBLISHER	615,977
GES EXPOSITION SERVICES INC 7050 LINDELL AVENUE LAS VEGAS, NV 89118	CONVENTION CONTRACTOR	437,576
CADMUS PO BOX 822934 PHILADELPHIA, PA 19182	PUBLISHER	426,989
CENTERPLATENBSE INC 801 MOUNT VERNON PL NW WASHINGTON, DC 20001	CONVENTION CONTRACTOR	316,102

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶20

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,000,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,670,852			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	ANNUAL MEETINGS	541800	8,045,583	7,520,849	524,734	
	b	JOURNAL OF UROLOGY	541900	5,525,163			5,525,163
	c	EDUCATION	541900	1,295,699			1,295,699
	d	AUA NEWS	541800	752,942	30,694	722,248	
	e	GUIDELINES	541900	136,173	136,173		
	f	All other program service revenue		119,780	119,780		
	g	Total. Add lines 2a-2f			15,875,340		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			2,531,274		2,531,274
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
		150,000					
		135,509					
		14,491					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			14,491		14,491
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
	b	Less direct expenses		b			
	c	Net income or (loss) from fundraising events . .					
9a	Gross income from gaming activities See Part IV, line 19		a				
b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		a				
b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME		900099	208,627	208,627		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			208,627			
12	Total revenue. See Instructions			25,300,584	8,016,123	1,246,982	9,366,627

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,039,418	1,039,418		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	28,000	28,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,500	2,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,442,884	758,692	684,192	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,338,979	2,281,505	2,057,474	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	574,640	302,155	272,485	
9	Other employee benefits	793,445	417,206	376,239	
10	Payroll taxes	612,652	322,142	290,510	
11	Fees for services (non-employees)				
a	Management				
b	Legal	16,776	15,322	1,454	
c	Accounting	139,801	127,686	12,115	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	64,695	64,695		
g	Other	4,690,832	4,271,223	419,609	
12	Advertising and promotion				
13	Office expenses	1,452,942	1,180,396	272,546	
14	Information technology				
15	Royalties				
16	Occupancy	168,704	17,312	151,392	
17	Travel	2,182,877	1,944,476	238,401	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	128,565	128,565		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	932,189	95,657	836,532	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	AWARDS & STIPENDS	524,790	520,702	4,088	
b	HISTORY FUND	256,828		256,828	
c	INCOME TAXES	243,554	243,250	304	
d	BUILDING ACTIVITIES	59,095		59,095	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	19,694,166	13,760,902	5,933,264	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,524,920	2	2,335,926
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			612,620	4	1,298,591
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,161,183	9	1,041,557
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,752,410			
	b	Less: accumulated depreciation	10b	7,014,923	16,309,866	10c	15,737,487
	11	Investments—publicly traded securities			84,327,634	11	84,744,540
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			86,275	15	1,041,007
16	Total assets. Add lines 1 through 15 (must equal line 34)			106,022,498	16	106,199,108	
Liabilities	17	Accounts payable and accrued expenses			2,153,107	17	2,405,133
	18	Grants payable				18	
	19	Deferred revenue			3,303,322	19	3,288,676
	20	Tax-exempt bond liabilities			8,800,000	20	8,500,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			4,569,436	23	4,359,347
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			3,026,620	25	0
	26	Total liabilities. Add lines 17 through 25			21,852,485	26	18,553,156
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			83,876,611	27	87,352,820
28		Temporarily restricted net assets			117,979	28	117,709
29		Permanently restricted net assets			175,423	29	175,423
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			84,170,013	33	87,645,952
34	Total liabilities and net assets/fund balances			106,022,498	34	106,199,108	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,300,584
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,694,166
3	Revenue less expenses Subtract line 2 from line 1	3	5,606,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,170,013
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,130,479
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	87,645,952

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,713,828	2,137,991	3,511,402	3,426,064	6,670,852	22,460,137
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,346,708	16,135,910	17,329,398	17,563,221	14,628,358	74,003,595
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	15,060,536	18,273,901	20,840,800	20,989,285	21,299,210	96,463,732
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6.)						96,463,732

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	15,060,536	18,273,901	20,840,800	20,989,285	21,299,210	96,463,732
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,304,902	2,532,210	1,882,805	2,039,009	2,531,274	11,290,200
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	306,961	219,544	254,470	306,454	275,471	1,362,900
cAdd lines 10a and 10b	2,611,863	2,751,754	2,137,275	2,345,463	2,806,745	12,653,100
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	143,799	163,638	303,940	335,443	208,627	1,155,447
13Total support (Add lines 9, 10c, 11 and 12.)	17,816,198	21,189,293	23,282,015	23,670,191	24,314,582	110,272,279
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	87.480 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	80.300 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	11.470 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	11.360 %
19a33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-0691437
Name: AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	10,274,697	9,279,367	7,728,761	7,025,110
b	Contributions	140,042	100,960	70,625	3,071,223
c	Investment earnings or losses	69,446	1,178,472	1,726,683	-2,194,778
d	Grants or scholarships				
e	Other expenditures for facilities and programs	354,159	284,102	246,702	172,794
f	Administrative expenses				
g	End of year balance	10,130,026	10,274,697	9,279,367	7,728,761

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 60 960 %

c

Term endowment ▶ 39 040 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,975,858		2,975,858
b Buildings		15,142,437	3,485,451	11,656,986
c Leasehold improvements				
d Equipment		4,634,115	3,529,472	1,104,643
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				15,737,487

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements						
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,300,584			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,694,166			
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,606,418			
4	Net unrealized gains (losses) on investments	4	-2,130,479			
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV)	8				
9	Total adjustments (net) Add lines 4 - 8	9	-2,130,479			
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,475,939			
Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return						
1	Total revenue, gains, and other support per audited financial statements	1	34,284,276			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains on investments				2a	-2,130,479
b	Donated services and use of facilities				2b	
c	Recoveries of prior year grants				2c	
d	Other (Describe in Part XIV)				2d	11,529,457
e	Add lines 2a through 2d	2e	9,398,978			
3	Subtract line 2e from line 1	3	24,885,298			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b				4a	64,695
b	Other (Describe in Part XIV)				4b	350,591
c	Add lines 4a and 4b				4c	415,286
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,300,584			
Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return						
1	Total expenses and losses per audited financial statements	1	31,187,697			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities				2a	
b	Prior year adjustments				2b	
c	Other losses				2c	
d	Other (Describe in Part XIV)				2d	11,686,791
e	Add lines 2a through 2d	2e	11,686,791			
3	Subtract line 2e from line 1	3	19,500,906			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b				4a	64,695
b	Other (Describe in Part XIV)				4b	128,565
c	Add lines 4a and 4b				4c	193,260
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,694,166			
Part XIVSupplemental Information						

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE ORGANIZATIONS' COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS, AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY THE ORGANIZATIONS HAVE NOT CAPITALIZED OBJECTS DONATED TO THE HISTORY OF UROLOGY MUSEUM, AND, AS A RESULT, DOES NOT LIST ANY VALUE FOR THOSE OBJECTS ON THE COMBINED STATEMENTS OF FINANCIAL POSITION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY BOTH THE AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC , A RELATED EXEMPT ORGANIZATION, AND THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC ENDOWMENT FUNDS ARE USED TO SUPPORT RESEARCH SCHOLARSHIPS AND AWARDS FOR THE ADVANCEMENT OF UROLOGIC MEDICINE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS MANAGEMENT EVALUATED THE ORGANIZATIONS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES BEFORE 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL STATEMENTS ARE CONSOLIDATED AMERICAN UROLOGICAL ASSOCIATION, INC 11,150,355 AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC 3,200,110 INCOME ELIMINATED ON THE CONSOLIDATED STATEMENTS -2,821,008
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME 350,591
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL STATEMENTS ARE CONSOLIDATED AMERICAN UROLOGICAL ASSOCIATED, INC 11,485,436 AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC 3,022,363 EXPENSES ELIMINATED ON CONSOLIDATED FINANCIAL STATEMENTS -2,821,008
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE REPORTED SEPERATELY ON FINANCIAL STATEMENTS 128,565

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Employer identification number

43-0691437

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MEETING, MISCELLANEOUS	264,448
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MISCELLANEOUS	148,694
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MEETING, MISCELLANEOUS	103,390
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICE	EDUCATION, MEETING, MISCELLANEOUS	156,908
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICE	EDUCATION	196,322
SUB-SAHARAN AFRICA - ANGOLA,	0	0	PROGRAM SERVICE	MISCELLANEOUS	21,920
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	GRANTMAKING		500
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTMAKING		1,000
EAST ASIA AND THE PACIFIC -	0	0	GRANTMAKING		1,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MISCELLANEOUS	2,100
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MISCELLANEOUS	550
MIDDLE EAST AND NORTH AFRICA	0	0	CONTRIBUTION/GRANT REVENUE		
EAST ASIA AND THE PACIFIC	0	0	CONTRIBUTION/GRANT REVENUE		
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	CONTRIBUTION/GRANT REVENUE		
3a Sub-total	0	0			893,182
b Total from continuation sheets to Part I	0	0			3,650
c Totals (add lines 3a and 3b)	0	0			896,832

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes

☐ No

Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN GERIATRIC SOCIETY350 FIFTH AVENUE SUITE 801 NEW YORK,NY 10118	13-1950856	501(C)(3)	6,000				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(2) INTERNATIONAL VOLUNTEERS IN UROLOGY 3269 S MAIN ST STE 230 SALT LAKE CITY,UT 84115	58-2263983	501(C)(3)	15,000				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(3) SOCIETY FOR BASIC UROLOGIC RESEARCH 1100 EAST WOODFIELD ROAD SUITE 520 SCHAUMBERG,IL 60173	36-3607930	501(C)(3)	5,000				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(4) AMERICAN UROLOGICAL ASSOCIATION FOUNDATION INC1000 CORPORATE BOULEVARD LINTHICUM,MD 21093	20-3210212	501(C)(3)	821,008				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(5) INTERSTATE POSTGRADUATE MEDICAL ASSISTANCE2 S EAU CLAIRE AVE MADISON,WI 53705	39-0368317	501(C)(3)	145,410				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(6) AMERICAN RED CROSS 430 17TH STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	25,000	0			SUPPORT FOR JAPANESE EARTHQUAKE AND TSUNAMI VICTIMS

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE USE OF GRANT FUNDS ARE MONITORED THROUGH AUAER'S REPRESENTATION AT SUB-SPECIALTY SOCIETY MEETINGS, REVIEW OF REPORTS, AND LIAISON RELATIONSHIPS WITH GRANT RECIPIENTS

Software ID:
Software Version:
EIN: 43-0691437
Name: AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
GYRUS-ACMI ESSAY PRIZE	5	5,500			
AMBROSE REED PRIZE	1	1,500			
HUGH HAMPTON YOUNG AWARD	1	2,000			
RAMON GUITERAS AWARD	1	3,000			
WILLIAM P DIDUSCH AWARD	1	1,000			
RETROSPECTROSCOPE AWARD	1	1,000			
AUA EXCHANGE GRANT	5	7,500			
GOLD CYSTOSCOPE AWARD	1	2,000			
LIFETIME ACHIEVEMENT AWARD	1	2,000			
PROSTATE CANCER FOUNDATION AWARD	2	2,000			
REPORTING AWARD	1	500			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL T SHEPPARD	(i)	263,502	22,192	0	19,960	3,048	308,702	0
	(ii)	168,469	14,188	0	12,762	1,948	197,367	0
(2) MARK P CAMPOBELLO	(i)	123,401	29,851	0	19,120	9,497	181,869	0
	(ii)	78,896	19,085	0	12,225	6,072	116,278	0
(3) KEVIN A WOHLFORT	(i)	130,074	19,774	0	19,960	13,917	183,725	0
	(ii)	83,162	12,643	0	12,762	8,897	117,464	0
(4) PETER J PLOURD	(i)	126,771	19,091	0	18,906	2,585	167,353	0
	(ii)	81,051	12,205	0	12,088	1,653	106,997	0
(5) JANET V SKOREPA	(i)	199,815	31,535	0	28,525	20,832	280,707	0
	(ii)	0	0	0	0	0	0	0
(6) HENRIETTA D HUBBORD	(i)	148,412	15,792	0	21,979	4,638	190,821	0
	(ii)	0	0	0	0	0	0	0
(7) PATRICIA BANKS	(i)	80,998	8,696	0	5,580	2,350	97,624	0
	(ii)	51,786	5,559	0	3,567	1,502	62,414	0
(8) DEBORAH F POLLY	(i)	141,414	15,091	0	20,678	10,514	187,697	0
	(ii)	0	0	0	0	0	0	0
(9) SUSAN A KERNS	(i)	78,387	2,999	0	10,185	15,935	107,506	0
	(ii)	50,117	1,917	0	6,512	10,188	68,734	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	OFFICERS AND DIRECTORS ARE ENTITLED TO FIRST CLASS TRAVEL ON TRIPS OVER ESTABLISHED TIME AND DISTANCE LIMITS. THIS AMOUNT IS NOT INCLUDED IN TAXABLE COMPENSATION. OFFICERS AND DIRECTORS ARE ENTITLED TO TRAVEL FOR COMPANIONS ON SELECT TRIPS DURING THE YEAR. THIS AMOUNT IS INCLUDED IN TAXABLE COMPENSATION. THE PRESIDENT, THE PRESIDENT ELECT, AND THE IMMEDIATE PAST PRESIDENT RECEIVE TAX INDEMNIFICATION AND GROSS UP PAYMENTS FOR 50% OF THEIR SPOUSAL TRAVEL IN THE FOLLOWING YEAR. THIS AMOUNT IS INCLUDED IN TAXABLE COMPENSATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE HAS DELEGATED AUTHORITY ONLY TO HANDLE THE DETAILS OF MANAGEMENT BETWEEN BOARD MEETINGS. HOWEVER, THE EXECUTIVE COMMITTEE REPORTS BACK TO THE FULL BOARD, WHICH NORMALLY SHOULD RATIFY ANY SIGNIFICANT DECISION OR ACTION OF THE EXECUTIVE COMMITTEE.
	FORM 990, PART VI, SECTION A, LINE 4	DURING 2011, THE BYLAWS OF THE ORGANIZATION WERE CHANGED. THE ONLY SIGNIFICANT CHANGE WAS TO THE ROLE THE NOMINATING COMMITTEE HAS IN THE SELECTION OF THE TREASURER-ELECT AND SECRETARY-ELECT POSITIONS. THESE POSITIONS WILL BE SELECTED BY THE BOARD OF DIRECTORS AND THE NOMINATING COMMITTEE WILL NO LONGER HAVE A ROLE IN THE SELECTION OF THESE POSITIONS.
	FORM 990, PART VI, SECTION A, LINE 6	ALL MEMBERS HAVE A RIGHT TO APPROVE/CHANGE BYLAWS AND TO ELECT THE TREASURER AND SECRETARY OFFICER POSITIONS OF THE ORGANIZATION.
	FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION FOR LINE 6.
	FORM 990, PART VI, SECTION A, LINE 7B	SEE EXPLANATION FOR LINE 6.
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE, SENIOR STAFF, AND AN ELECTRONIC COPY WAS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING.
	FORM 990, PART VI, SECTION B, LINE 12C	ALL COMMITTEE MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE COI'S ARE REVIEWED BY ALL COMMITTEE CHAIRMEN PRIOR TO ALL MEETINGS. THE REVIEW IS LISTED AS A DISCUSSION ITEM ON EVERY COMMITTEE AGENDA AND THE REVIEW AND DISCUSSION IS DOCUMENTED IN THE COMMITTEE MEETING MINUTES.
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S SALARY IS DETERMINED EACH YEAR BY THE EXECUTIVE COMPENSATION COMMITTEE. THIS COMMITTEE IS COMPRISED OF THREE AUAER BOARD MEMBERS. THE AUAER TREASURER, DIRECTOR OF HUMAN RESOURCES AND AED, FINANCE & ORGANIZATIONAL SERVICES SERVE AS NON-VOTING LIAISONS/ADVISORS TO THE COMMITTEE. AT THE BEGINNING OF THE CONTRACT PERIOD (5 YEARS AS OF 2008) HUMAN RESOURCES CONDUCTED A SALARY SURVEY AND IT WAS DETERMINED THAT THE CEO'S SALARY WOULD BE INCREASED TO THE 75TH PERCENTILE OF THE 2008 AVERAGE SALARY FOR COMPARABLE POSITIONS. A PROPOSED PLAN WAS PREPARED TO REACH THIS TARGET OVER THE FIVE YEAR PERIOD. A COMPREHENSIVE PERFORMANCE REVIEW WAS COMPLETED BY VARIOUS GROUPS INCLUDING AUAER STAFF, BOARD MEMBERS AND COMMITTEE CHAIRS. THE COMPENSATION COMMITTEE'S RECOMMENDATION WAS REVIEWED AND VOTED ON BY THE BOARD OF DIRECTORS. ALL COMPENSATION DISCUSSIONS ARE CONDUCTED DURING AN EXECUTIVE SESSION OF THE BOARD WHERE THE CEO IS NOT PRESENT. AUAER DOES NOT HAVE A FORMAL PROCESS THAT INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION FOR DETERMINING COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. HOWEVER, THE ORGANIZATION DOES SUBSCRIBE TO SALARY SURVEYS AND USES AN INTERNAL COMPENSATION COMMITTEE TO REVIEW THE COMPENSATION OF SELECT POSITIONS.
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST AT OUR CORPORATE OFFICE, 1000 CORPORATE BOULEVARD, LINTHICUM, MD 21090.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,130,479
		FORM 990 - PART I, LINE 6 THE NUMBER OF VOLUNTEERS IS ESTIMATED BY CALCULATING THE NUMBER OF VOLUNTEERS BASED ON THE PARTICIPATION ON PHYSICIAN COMMITTEES.
		FORM 990 - FUNCTIONAL EXPENSES EMPLOYEES OF THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH (AUAER) ALSO PROVIDE SERVICES TO THE AMERICAN UROLOGICAL ASSOCIATION, INC (AUA), A RELATED EXEMPT ORGANIZATION, AND TO THE AMERICAN UROLOGICAL ASSOCIATION FOUNDATION (AUAF), A RELATED EXEMPT ORGANIZATION. THE AUA AND THE AUAF REIMBURSES THE AUAER FOR THOSE SERVICES AS WELL AS FOR ANY USE OF BUILDING OR OTHER ASSETS OWNED BY THE AUAER THROUGH A COST SHARING ARRANGEMENT.
		FORM 990, PART VII THE BOARD OF DIRECTORS AND COMMITTEE MEMBERS OF THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC (AUAER) ROTATE ON A FISCAL YEAR CYCLE TYPICALLY JUNE 1ST THROUGH MAY 31ST.
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	SEVERAL DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC ARE ALSO DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ,A RELATED ORGANIZATION. HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ARE LISTED BELOW. THESE HOURS ARE ALL UNCOMPENSATED, VOLUNTEER HOURS. INDIVIDUAL HOURS DEVOTED TO AUAF: SUSHIL S LACY, M.D. 1; DENNIS A PESSIS, M.D. 1; DATTA G WAGLE, M.D. 1; ANTON J BUESCHEN, M.D. 1; GOPAL H BADLANI, M.D. 1; RICHARD A MEMO, M.D. 1; ROBERT C FLANIGAN, M.D. 1; JOHN H LYNCH, M.D. 5; DAVID F GREEN, M.D. 5; PRAMOD C SOGANI, M.D. 5; STEPHEN Y NAKADA, M.D. 5; KEVIN PRANIKOFF, M.D. 5; J BRANTLY THRASHER, M.D. 5; DENNIS D VENABLE, M.D. 5; JEFFREY E KAUFMAN, M.D. 5; B THOMAS BROWN, M.D. 5; JOHN C PRINCE, M.D. 5. SEVERAL DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC ARE ALSO DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION, INC ,A RELATED ORGANIZATION. HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION, INC ARE LISTED BELOW. INDIVIDUAL HOURS DEVOTED TO AUA: SUSHIL S LACY, M.D. 3; DENNIS A PESSIS, M.D. 3; DATTA G WAGLE, M.D. 3; ANTON J BUESCHEN, M.D. 3; GOPAL H BADLANI, M.D. 3; RICHARD A MEMO, M.D. 3; ROBERT C FLANIGAN, M.D. 3; JOHN H LYNCH, M.D. 5; DAVID F GREEN, M.D. 5; PRAMOD C SOGANI, M.D. 5; STEPHEN Y NAKADA, M.D. 5; KEVIN PRANIKOFF, M.D. 5; J BRANTLY THRASHER, M.D. 5; DENNIS D VENABLE, M.D. 5; JEFFREY E KAUFMAN, M.D. 5; B THOMAS BROWN, M.D. 5; JOHN C PRINCE, M.D. 5. AN OFFICER OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC IS ALSO AN EMPLOYEE OF AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC , A RELATED ORGANIZATION. HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ARE LISTED BELOW. THESE HOURS ARE ALL UNCOMPENSATED, VOLUNTEER HOURS. INDIVIDUAL HOURS DEVOTED TO AUAF: MICHAEL T SHEPPARD 5; SEVERAL OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC ARE ALSO EMPLOYEES OF AMERICAN UROLOGICAL ASSOCIATION, INC , A RELATED ORGANIZATION. HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION, INC ARE LISTED BELOW. INDIVIDUAL HOURS DEVOTED TO AUA: MICHAEL T SHEPPARD 12; MARK P CAMPOBELLO 16; KEVIN A WOHLFORT 16; PETER J FLOURD 16; PATRICIA BANKS 16; MICHAEL A PRETL 8; SUSAN A KERNS 16.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Employer identification number

43-0691437

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN UROLOGICAL ASSOCIATION INC 1000 CORPORATE BOULEVARD LINTHICUM HEIGHTS, MD 21090 52-2205122	EXEMPT ORGANIZATION	MD	501(C)(6)		N/A		No
(2) AMERICAN UROLOGICAL ASSOCIATION FOUNDATION INC 1000 CORPORATE BOULEVARD LINTHICUM HEIGHTS, MD 21090 20-3210212	EXEMPT ORGANIZATION	MD	501(C)(3)	7	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 43-0691437
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	932,189

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	932,189
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	